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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
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**CONFIRMATION NO. 6483**

26182  
 PATENT DEPARTMENT  
 INTUITIVE SURGICAL INC.  
 950 KIFER ROAD  
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**\*OC000000015811755\***  
 \*OC000000015811755\*

Date Mailed: 04/21/2005

**NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY**

This is in response to the Power of Attorney filed 04/13/2005.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

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